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| Signature | | AL | Filing Date | | 04/12/2004 | | |
| | FORM | | First Named Inv | entor | DONG WOO GIM | | |
| (to be used for a | all correspondence afte | r initial filing) | Group Art Unit | | 2872 | | |
| | | | Examiner Name | | | | |
| Total Number of Pages in This Submission 5 | | | Attorney Docket | Number | 1802.04 | | |
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| Firm or | John K. Park | | | | | | |
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1985, no paragraphs are required to respond to a collection of information unless it displays a valid QMB control num Application Number 10/822,414 REVOCATION OF POWER OF Filing Date 04/12/2004 ATTORNEY WITH First Named Inventor NEW POWER OF ATTORNEY DONG WOO GIM Art Unit AND 2872 CHANGE OF CORRESPONDENCE ADDRESS Examiner Namo Attorney Docket Number | 1802.04 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: 29338 Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 9338 OR Firm or Individual Name Address City State ZIp Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name DONG WOO GIM Date Telephone 30/05 714-525-7720 NOTE: Signatures of all the inventors or assignoes of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below'

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| Application Number | 10/822,414 | | | | |
|------------------------|--------------|--|--|--|--|
| Filing Date | 04/12/2004 | | | | |
| First Named Inventor | DONG WOO GIM | | | | |
| Art Unit | 2872 | | | | |
| Examiner Name | | | | | |
| Attorney Docket Number | 1802.04 | | | | |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | |
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| A Power of Attorney is submitted herewith. | | | | | |
| OR I hereby appoint the practitioners associated to | with the Customer Number: 293 | 338 | | | |
| Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 29338 | | | | | |
| OR 29338 | | | | | |
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| I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71 | | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96) SIGNATURE of Applicant or Assignee of Record | | | | | |
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| Name CHEONG SOO SEO | <u> </u> | · · · · · · · · · · · · · · · · · · · | | | |
| Date 4/30 /05 | Telephone 714-525- | -7720 | | | |
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| ATTORNEY WITH | First Named Inventor | DONG WOO GIM | | | | |
| NEW POWER OF ATTORNEY | Art Unit | 2872 | | | | |
| AND CHANGE OF CORRESPONDENCE ADDRESS | Examiner Name | | | | | |
| CHANGE OF CORRESPONDENCE ADDRESS | Attorney Docket Number | 1802.04 | | | | |
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| A Power of Attorney is submitted herewith. | | | | | | |
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| OR | | · | | | | |
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| I hereby appoint the practitioners associated with t | he Customer Number: $ 29$ | 1338 | | | | |
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| I am the: | | | | | | |
| Applicant/Inventor. | | | | | | |
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| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | |
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REVOCATION OF POWER OF **ATTORNEY WITH NEW POWER OF ATTORNEY** AND CHANGE OF CORRESPONDENCE ADDRESS **Application Number** 10/822,414 Filing Date 04/12/2004 First Named Inventor DONG WOO GIM Art Unit 2872 **Examiner Name** Altorney Docket Number | 1802.04

| I hereby revoke all previous powers of attorney given in the above-identified application, | | | | | | | | |
|---|---|----------|----------|-------------|---------|-----------|-----|--|
| A Por | A Power of Attorney is submitted herewith. | | | | | | | |
| OR I hereby appoint the practitioners associated with the Customer Number: 29338 | | | | | | | | |
| Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 29338 OR | | | | | | | | |
| | ar Iual Name | <u> </u> | | | | | | |
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| Country | | | | | | | | |
| Telephone | | | | | Fax | | | |
| I am the: Applicant/inventor. Assignee of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | |
| SIGNATURE of Applicant or Assignee of Record | | | | | | | | |
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| Date | | | 4/30/015 | | lephone | 714-525-7 | | |
| NOTE: Signature algnature is requ | NOTE: Signatures of all the invantors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algorithm is required, see below. | | | | | | | |
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